

2000

Classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH				ARIZONA STATE BOARD OF HEALTH		BUREAU OF VITAL STATISTICS	
1. PLACE OF DEATH				County <u>Maricopa</u> State <u>Arizona</u>		State File No. <u>146</u>	
Township <u>Phoenix</u>				City <u>Phoenix</u> or Village <u>No. 19th Ave. and Grand Canal</u>		Registered No. <u>496</u>	
(If death occurred in a hospital or institution, give its NAME instead of street and number)				St. _____ Ward _____			
Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds.				How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.			
2. FULL NAME <u>William Green</u>				(a) Residence: No. <u>1306 W. Park</u> St. _____ Ward _____		(If nonresident give city or town and State)	
(Usual place of abode)							
PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH			
3. SEX <u>Male</u>		4. COLOR OR RACE <u>White</u>		5. SINGLE, MARRIED, WIDOWED, or DIVORCED <u>199</u> (write the word)		21. DATE OF DEATH (month, day, and year) <u>About Mar 6, 1931</u>	
6a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____						22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.	
6. DATE OF BIRTH (month, day, and year) _____						I last saw h. _____ alive on _____, 19____; death is said to have occurred on the date stated above, at _____ m.	
7. AGE		Years <u>90</u>		Months _____ Days _____		If LESS than 1 day, _____ hrs. or _____ min.	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.						The principal cause of death and related causes of importance were as follows: <u>Skull fractured by blunt instrument with murderous intent by unknown party.</u>	
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.						Date of Onset _____	
10. Date deceased last worked at this occupation (month and year) _____				11. Total time (years) spent in this occupation _____		Other contributory causes of importance: _____	
12. BIRTHPLACE (city or town) (State or country) _____						Name of operation _____ Date of _____	
13. NAME _____						What test confirmed diagnosis? _____ Was there an autopsy? _____	
14. BIRTHPLACE (city or town) (State or country) _____						23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____	
15. MAIDEN NAME _____						Where did injury occur? _____ (Specify city or town, county and State)	
16. BIRTHPLACE (city or town) (State or country) _____						Specify whether injury occurred in industry, in home, or in public place. _____	
17. INFORMANT (Address) _____						Manner of injury _____	
18. BURIAL, CREMATION, OR REMOVAL Place <u>Phoenix</u> Date <u>4/15</u> , 19 <u>31</u>						Nature of injury _____	
19. UNDERTAKER <u>H. M. Maus</u> (Address) <u>530 N. 1st</u>						24. Was disease or injury in any way related to occupation of deceased? _____	
20. Filed <u>4-15-31</u> 19 <u>31</u> Registrar <u>[Signature]</u>						If so, specify <u>H. J. McKee, Coroner</u> (Signed) _____ (Address) <u>Phoenix</u>	